No. 16-1140

IN THE

Supreme Court of the United States

NATIONAL INSTITUTE OF FAMILY LIFE ADVOCATES, DBA NIFLA, *et al.*,

Petitioners,

v.

XAVIER BECERRA, ATTORNEY GENERAL OF CALIFORNIA, *et al.*,

Respondents.

ON WRIT OF CERTIORARI TO THE UNITED STATES COURT OF APPEALS FOR THE NINTH CIRCUIT

BRIEF OF 51 REPRODUCTIVE RIGHTS, CIVIL RIGHTS, AND SOCIAL JUSTICE ORGANIZATIONS AS *AMICI CURIAE* IN SUPPORT OF RESPONDENTS

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February 27, 2018

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INTEREST OF *AMICI CURIAE*[1]

Amici are organizations committed to supporting autonomy, independent decision-making, respectful treatment, and access to quality reproductive healthcare, for women and for all people. Amici have a particular interest in this case because they work on behalf of individuals seeking access to care and/or work to advance the legal rights that protect and expand quality care. Amici respectfully submit that their perspectives and experiences, and the stories of individuals they have collected, shed light on why people visit "crisis pregnancy centers" and their experiences at such centers, which may assist the Court in resolving this case. A full list of signers appears in the appendix.

SUMMARY OF ARGUMENT

Every day, many so-called "crisis pregnancy centers" providing limited services for pregnant women in California sow confusion about the services that they offer. California enacted the Reproductive FACT (Freedom, Accountability, Comprehensive Care, and Transparency) Act (the "Act"), 2015 Cal. Stats. Ch. 700, codified at Cal. Health & Safety Code §§ 123470-123473, to address the public health concerns posed by these centers' ("Pregnancy Centers" or "PCs") dishonest practices. As explained in the legislative history: "[PCs] pose as full-service women's health clinics, but aim to

1. Pursuant to Rule 37.6, counsel for amici affirm that no counsel for any party authored any part of this brief, and that no entity other than amici provided any monetary contribution to fund its preparation or submission. All parties have consented to filing.

discourage and prevent women from seeking abortions. The author [of the bill] conclude[d] that these intentionally deceptive advertising and counseling practices often confuse, misinform, and even intimidate women from making fully-informed, time-sensitive decisions about critical health care." *Reproductive FACT Act: Hearing on AB 775 Before the Assemb. Comm. on Health*, 2015-2016 Leg. 3 (Cal. 2015).

To promote its compelling interest in ensuring women have access to comprehensive and timely healthcare information and services in the face of deception, California developed the Act's neutral and factual disclosure requirements. Licensed PCs[2] must post a sign notifying patients that information about state-funded reproductive health services—including prenatal care, family planning, and abortion—may be accessed by calling a county health department telephone number; unlicensed PCs must post a sign indicating that they do not employ a licensed medical professional.

Amici believe it is vital to women's health and well-being that women be able to access timely, high-quality, individually tailored medical care regardless of whether they are seeking an abortion, family planning services, prenatal care, or counseling to help them determine their

2. Licensed healthcare providers that provide comprehensive reproductive healthcare services and are already capable of enrolling pregnant women in the state-sponsored programs on the spot are exempted from the Act because patients at those facilities are already receiving the information contained in the disclosure. *See* Cal. Health & Safety Code § 123471(c).

options.[3] When a woman visits a facility that deliberately misleads her about the type of services that are available, or about whether that facility is even licensed to provide medical care, the Act's modest disclosure requirements ensure she understands, immediately upon entering the facility, how to access the services she seeks.

In evaluating the Act's requirements, the Court should take into account the context within which women encounter PCs—namely, that some PCs actively misrepresent their services. That deception creates numerous public health concerns that California sought to prevent with the Act's reasonable and neutral requirements. Although this case comes to the Court on a motion for a preliminary injunction prior to discovery, before a record was created, discovery in similar cases and information available in the public record make clear that many PCs seek to dissuade women from obtaining an abortion or contraception through misinformation, shaming and judging, and delay, among other tactics. Furthermore, the public health concerns posed by PCs are not isolated, unique, or limited to California. Rather, PCs harm women across the country through tactics that are part of a campaign spearheaded by national, multi-million-dollar organizations to attract women seeking the very services PCs do not provide.

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3. Amici refer to "women" throughout the brief for ease and consistency, but recognize that all people seek reproductive healthcare, including pregnant people who do not identify as women.

Amici have also gathered stories from women across the country who have been misled by PCs. As the stories demonstrate, women nationwide have experienced shame, stigma, and deception about their medical conditions, and some of these women suffered a range of other harms, including threats to their health and future fertility, loss of a wanted pregnancy, and forced continuation of a pregnancy as a result of PCs' dishonest tactics. Women struggling to make ends meet are particularly burdened by the deceptive tactics employed by PCs.

The Court should affirm the ruling below under its context-based standard for assessing the constitutionality of compelled speech because the Act is a neutral, factual disclosure tailored to ensure that women seeking reproductive healthcare in California have information about how to obtain timely and appropriate care. Not only do Petitioners ask this Court to ignore the context of deceptive practices that justifies the Act, they also ask this Court to extend stronger First Amendment protections to PCs than to other types of healthcare providers, in particular those that offer abortion. No legal grounds support such a double standard.

ARGUMENT

I. Pregnancy Centers Throughout the Country, Along with the National Organizations that Support and Fund Them, Employ Deceptive and Misleading Tactics That Result in Real Harms to Women

A. With Assistance from a National, Coordinated, Multi-Million Dollar Industry, PCs in California and Across the United States Actively Misrepresent the Services They Offer to Target Women Seeking Reproductive Healthcare.

Petitioners present themselves to this Court as religious organizations operating in California in accordance with their "pro-life" views. Br. for Pet'rs 5. Various national networks of PCs, including Care Net, Heartbeat International, and the Human Coalition, portray themselves similarly in amicus briefs. But that is not how PCs portray themselves to the women they hope to attract to their centers. Instead, with the help of nationwide, umbrella organizations, PCs advertise their facilities as providers of bona fide medical care, and delay women's ability to obtain the healthcare they seek.

1. National Umbrella Organizations Fund, Coordinate, and Streamline the Activities of PCs Across the Country.

PCs are a nationwide, coordinated, multi-million dollar industry. Of the roughly 2,700 PCs in the United States, the vast majority are members or affiliates of one or more of the large umbrella organizations—

the National Institute of Family and Life Advocates ("NIFLA"), Care Net, Birthright International, and/or Heartbeat International—as well as membership and consulting organizations like Human Coalition, and the Vitae Foundation, among dozens of others. *See* Br. of *Amicus Curiae* Care Net Supp. Pet'rs 1 (stating Care Net is "one of the largest affiliation organizations for pregnancy resource centers in North America" and has "more than 1,100 affiliates"); Br. of Heartbeat Int'l, Inc. as *Amicus Curiae* Supp. Pet'rs 1 (stating "Heartbeat serves approximately 2,400 pro-life centers" and is "the world's largest such affiliate network"); *About NIFLA*, NIFLA, http://www.nifla.org/about-us-what-we-do.asp (last visited Feb. 21, 2018) ("NIFLA now represents more than 1,400 pro-life pregnancy centers across the country.").[4] As reported on their most recently available

4. *See also About*, Vitae Found., https://vitaefoundation.org/about (last visited Feb. 21, 2018) ("Vitae has become a resource and standard bearer for pro-life media both nationally and internationally. . . . Vitae lends expert advice on marketing strategies, as well as use of its messages to collaborating respect life organizations and Pregnancy Help Centers."); *Search for Locations*, Birthright Int'l, http://birthright.org/en/search-birthrights?view=search (last visited Feb. 21, 2018) (stating Birthright "operate[s] nearly 300 locations" in seven countries and has "a 24/7 toll-free Helpline"); *The Federalist Radio Hour: How One Pro-Life Group is Seeking Out Abortion-Determined Women*, at 2:19-3:06, https://soundcloud.com/fdrlst/how-one-pro-life-group-is-seeking-out-abortion-determined-women (last visited Feb. 21, 2018) ("[Human Coalition] is actually one of the top three largest pro-life organizations in the country that nobody has ever heard of. . . . [W]e have been growing very quickly . . . but very quietly . . . . We have seven of our own [clinics] and then we partner with another thirty-five . . . [and] we're expanding [our] network . . . .").

tax forms, Care Net's total revenue was over $4.3 million in 2015, Heartbeat International's was over $2.7 million in 2014, and NIFLA's was approximately $820,000 in 2015.[5]

Affiliates of these umbrella organizations pay membership fees, and in return receive financial support, legal resources, training, website design, use of the organizations' logos, marketing materials and strategies, and inclusion in national referral databases. *See About NIFLA*, *supra* 6 (NIFLA "provide[s] legal counsel, education and training"); *Our Story*, Heartbeat Int'l, https://www.heartbeatinternational.org/about/our-story (last visited Feb. 21, 2018) (describing themselves as "the 'go-to' place for start-up manuals, model programs, leadership training conferences"). Care Net and Heartbeat also host large annual conferences where session topics include marketing strategies, fundraising, staff training, and legal advice for members.[6]

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5. *See Form 990*, Care Net (2015), http://990s.foundationcenter.org/990_pdf_archive/541/541382723/541382723_201606_990.pdf; *Form 990*, Heartbeat Int'l (2014), http://990s.foundationcenter.org/990_pdf_archive/237/237335592/237335592_201509_990.pdf; *Form 990*, NIFLA (2015), http://990s.foundationcenter.org/990_pdf_archive/541/541673492/541673492_201512_990.pdf.

6. *See 2018 Heartbeat International Annual Conference*, Heartbeat Int'l, https://www.heartbeatservices.org/training/conference (last visited Feb. 21, 2018); *2018 National Conference*, Care Net, https://www.care-net.org/conference (last visited Feb. 21, 2018). Recordings of these conferences are sold on their websites; sessions from Care Net's 2017 conference included: "Marketing Your Pregnancy Center Brand for Fundraising Success," "ClickBait and Switch," "Glozelle, Swag, on Fleek, Oh My! Marking to Abortion-Minded Women Thru Cultural Icons," "Making The Medical Conversion." *Online Catalogue*,

In addition to the resources provided by the umbrella organizations, PCs across the country receive significant funding from both federal and state governments. For example, PCs receive funding from federal abstinence only programs,[7] which include the Title V State Abstinence Education Grant Program, Competitive Abstinence Education program, and abstinence programs created by the Patient Protection and Affordable Care Act.[8] They also receive welfare dollars from Temporary Assistance for Needy Families.[9] Indeed, a congressional report

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Barker Productions [hereinafter *Care Net Recordings*], http://barkerproductions.net/shop.asp?action=cat&catID=16466 (last visited Feb. 21, 2018) (available for purchase); *see also Welcome to Heartbeat Conference Recordings Downloads*, Heartbeat Int'l, http://egamitapes.com/heartbeat/ (last visited Feb. 21, 2018) (available for purchase).

7. U.S. H.R., Comm. on Gov't Reform – Minority Staff, Special Investigations Div., *False and Misleading Health Information Provided by Federally Funded Pregnancy Resource Centers* i (July 2006), https://www.chsourcebook.com/articles/waxman2.pdf

8. Teddy Wilson, *Trump Gives Away Millions to Anti-Choice Fake Clinics*, Rewire (Sept. 7, 2017), https://rewire.news/article/2017/09/07/trump-gives-away-millions-anti-choice-fake-clinics/.

9. Bryce Covert & Josh Israel, *The States That Siphon Welfare Money to Stop Abortion*, Think Progress (Oct. 3, 2016), https://thinkprogress.org/tanf-cpcs-ec002305dd18/; *Dedicated Federal Abstinence-Only-Until-Marriage Programs: Funding by Fiscal Year (FY) 1982-2017*, SIECUS (May 2017), http://www.siecus.org/index.cfm?fuseaction=document.viewDocument&documentid=663&documentFormatId=772&vDocLinkOrigin=1&CFID=21649893&CFTOKEN=28dd8b0890a6fce8-87589B14-1C23-C8EB-809B8F4044AC7367.

estimated that between the years of 2001 and 2006 alone, "pregnancy resources centers . . . received over $30 million in federal funding."[10] Further, fourteen states directly fund PCs from their state budgets.[11]

2. PCs Nationwide Use Deceptive Outreach Strategies Developed by Umbrella Organizations to Target Women Seeking Reproductive Healthcare.

Although the umbrella organizations are openly anti-abortion, the resources they develop and disseminate to PCs nationwide for use in attracting clients intentionally hide this fact. Instead, these materials are specifically intended to reach women actively seeking abortion and suggest—explicitly, implicitly, or by omission—that PCs are full-spectrum reproductive health clinics, while actively concealing the fact that PCs do not provide or refer for abortion or contraception.

For example, Amicus the Human Coalition describes itself as specializing in marketing to "abortion-determined women," which it defines as "somebody who has already

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10. U.S. H.R., Comm. on Gov't Reform – Minority Staff, Special Investigations Div., *supra* note 7.

11. *Who Decides? The Status of Women's Reproductive Rights in the United States*, NARAL Pro-Choice Am. & NARAL Pro-Choice Am. Found. 17 (Jan. 2017), https://www.prochoiceamerica.org/wp-content/uploads/2017/01/WhoDecides2017-DigitalEdition3.pdf (listing the fourteen states that provide direct funding to PCs: Georgia, Indiana, Kansas, Louisiana, Michigan, Minnesota, Missouri, New Mexico, North Carolina, North Dakota, Ohio, Pennsylvania, Texas, and Wisconsin).

made up her mind to abort . . . . if [we] could intercept them."[12] Human Coalition notes that special methods are required because "[t]he abortion-determined woman will not walk into a pregnancy center voluntarily."[13] Similarly, Care Net boasts that its Pregnancy Decision Line "reaches the MOST ABORTION DETERMINED" women, and Extend Web Services, which works with Heartbeat International "to meet the website needs of Pregnancy Help Centers," states on its website that "[w]e are experts at making sure your website is attracting the abortion-minded client." J.A. to Appellants' Br. at 668, *Greater Balt. Ctr. for Pregnancy Concerns, Inc. v. Mayor & City Council of Balt.*, No. 16-2325 (4th Cir. Jan. 30, 2017), ECF No. 26 (Balt. J.A.); *About Us*, Extend Web Servs., https://www.extendwebservices.com/about (last visited Feb. 23, 2018).

Among the sophisticated interception techniques that PCs use are search engine optimization and high-tech internet advertising to redirect women searching online for abortion services to local PCs. For example, the Director of Advertising for Care Net's Pregnancy Decision Line gave a training at the 2017 Care Net conference in which he instructed affiliates to add terms found in response to searches for "abortion clinic near me" or "abortion pill" to

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12. *See The Federalist Radio Hour: How One Pro-Life Group is Seeking Out Abortion-Determined Women*, *supra* note 4, at 1:04-1:49

13. *See FRC Speaker Series: Rescuing Mothers and Children from Abortion Using Cutting-Edge Technology and Data*, Family Research Council, at 12:10 (Mar. 22, 2017), http://www.frc.org/university/rescuing-mothers-and-children-from-abortion-using-cutting-edge-technology-and-data.

their websites: "say [on your website] 'we're here to talk to you about abortion including abortion pills and abortion surgery.'"[14] A speaker at the same conference vouched for the technique: "The keyword ads that I've experimented with are amazing. One of my favorite ones is . . . 'planning parenthood' and I've gotten so many clicks on that . . . ."[15] This speaker also noted that reproductive health clinic websites include the phrase "'confidential and individual' and so we took what they did and we put that underneath ours too."[16] By her report, after implementing these tactics "our abortion minded [patients] increased by 134%; our abortion vulnerable increased by 88%."[17] Similarly, Care Net boasts that "[a]lmost 85,000 visitors to the [Pregnancy Decision Line] website have been a result of targeted keyword advertising supported by donations." Balt. J.A. 668 (Care Net report cited in Baltimore legislative record).

Umbrella organizations also facilitate advertisements and mass media campaigns in newspapers, billboards, and public transportation that imply that PCs provide abortion. These campaigns are deliberately deceptive, as discovery in *Greater Baltimore Center for Pregnancy Concerns*, No. 16-2325, revealed. In that case, Vitae Foundation spearheaded a bus advertisement campaign on behalf of a Baltimore PC that that promoted "FREE Abortion Alternatives," "FREE Confidential Options Counseling," "FREE Pregnancy Tests," and "FREE

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14. *See Care Net Recordings*, *supra* note 6, *Optimizing Google Ads, #606*, at 19:07-19:32.

15. *Id.* at 53:07-53:25.

16. *Id.* at 59:23-59:37.

17. *Id.* at 51:47-51:55.

Services." Balt. J.A. 698; *see also id.* at 705-708. The ads led to an increase in "abortion minded callers" who "were under the impression from the bus advertisements that [PCs] assisted in paying for abortions" and "wanted to schedule an abortion." *Id.* at 705. The center's Executive Director acknowledged "those ads are *purposely vague, of course.*" *Id.* at 708 (emphasis added).

But the deception does not end there. Umbrella organizations also train PC staff and volunteers to convince women to make an appointment, regardless of whether the PC provides the services they are seeking. For example, a Care Net report with sample client conversations instructs the "pregnancy coach" to respond to a woman caller saying "I want to know about having an abortion" by diverting the conversation to ask about "the father of the baby" and then providing contact information for a PC without telling the caller that abortion is not available there. *Id.* at 667 (Care Net report).

3. Umbrella Organizations Encourage PCs to Resemble Reproductive Health Clinics, To Confuse Women Seeking Reproductive Healthcare.

Umbrella organizations also encourage PCs to "medicalize" by adopting trappings of a medical facility, without crossing the line to become actual medical facilities, for the purpose of attracting women seeking reproductive healthcare services. Tactics include choosing a name and location designed to make a woman believe she is in a reproductive healthcare clinic, and providing ultrasounds that seem medical, but in fact are strictly for the purposes of confirming pregnancy and deterring abortion.

Some PCs deliberately choose to locate near reproductive health clinics or use names intended to suggest that the center offers a broad range of reproductive healthcare. For example, according to a report published by the Family Research Council ("FRC"), after researching "which name would best describe the services pregnant women would be seeking from such a center," FRC recommended "Women's Resource Center" as having the most strategic value "because it has a much higher appeal among pro-choice women."[18] Many PCs have adopted language, fonts, and colors that are strikingly similar to abortion clinics operating nearby in an effort to confuse women. For example, a PC in the Bronx located across the street from a Planned Parenthood health center displays a large banner on the outside of its facility stating "Plan Your Parenthood."[19] Likewise, in Hartford, Connecticut, a PC recently opened next door to a reproductive healthcare clinic located in the same medical complex and chose a nearly identical name, making it difficult for a woman seeking comprehensive services to know if she is in the right place.[20] Similarly, a

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18. Curtis J. Young, *Turning Hearts Toward Life: Market Research for Crisis Pregnancy Centers*, Family Research Council 10 (1998).

19. *Hearing on Enforcement of Local Law 17 of 2011 and the Regulation of Pregnancy Services Centers*, N.Y.C., Comm. on Consumer Affairs 1-2 (Nov. 15, 2017) (statement of Planned Parenthood of N.Y.C.), https://www.plannedparenthood.org/uploads/filer_public/87/f8/87f867de-da43-4856-abcd-078142b84fea/testimony_regulation_pregnancy_services_centers.pdf.

20. *Public Hearing on Ordinance Amending Chapter 17 to Add Article VI - Pregnancy Information Disclosure*

PC named the "Center for Pregnancy Choices" recently opened across the street from the last abortion clinic in the entire state of Mississippi after years of trying to secure the location.[21] And in Northern Virginia, a PC operated for many years directly next door to an abortion clinic, using the same signage and office décor; when the doctor who provided abortions retired, the PC purchased the clinic and immediately began forwarding women—who still thought they were calling an abortion clinic—to the PC instead without notifying them.[22]

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and Protection of the Municipal Code, Hartford Court of Common Council, at 1:51:57-54:12 (Nov. 20, 2017) (statement of Sally Grossman, Volunteer Clinic Escort, Hartford GYN Ctr.) [hereinafter Hartford Hearing], https://videoplayer.telvue.com/player/7PPkvS60mdVN-j6NEK56CdVErQ4fuNwW/media/309317?autostart=true&showtabssearch=true&fullscreen=false; *see also* Alexandra Svokos, ***What is a Crisis Pregnancy Center? Inside the Pro-Life Centers***, Elite Daily (May 24, 2017), https://www.elitedaily.com/news/inside-pro-life-centers-claim-offer-women-choice-pregnancies/1957892 (stating that, inside the complex, the PC "Hartford Women's Center" is to the right, while the abortion clinic "Hartford GYN Center" is to the left.").

21. Jay Hobbs, *Life-Saving Center Opens 100 Yards from Lone Mississippi Abortion Mill*, Pregnancy Help News (April 26, 2017), https://pregnancyhelpnews.com/pro-life-mississippi-ab-clinic.

22. Peter Dvorak, *How Abortion Opponents Secretly Bought a Va. Abortion Clinic to Deceive Women*, The Wash. Post (Feb. 4, 2016), https://www.washingtonpost.com/local/how-abortion-opponents-secretly-bought-a-virginia-abortion-clinic/2016/02/04/08a3b1c4-c4f5-11e5-8965-0607e0e265ce_story.html?utm_term=.a0e20c8bed52.

Some PCs employ non-medical personnel who wear scrubs or lab coats to offer limited services, such as pregnancy tests and ultrasounds, for the stated purposes of attracting women who are seeking abortion and dissuading them from abortion. Indeed, NIFLA's "medical conversion program" offers guidance on how "to convert to medical clinic status" and "avoid[] legal pitfalls," yet counsels PCs to only offer *limited* ultrasound services for the benefit of "increas[ing]... the number of abortion-minded patients seen."[23]

Critically, PCs offer ultrasounds *not* for the purpose of providing prenatal care, but for the purpose of confirming pregnancy and deterring abortion. For example, Focus on the Family advises its member centers to provide ultrasound services "for abortion-minded and abortion-vulnerable women to help them in the decision-making phase of their pregnancy," but notes that ultrasounds for "women who are not abortion-minded or abortion-vulnerable" should be provided only "at the discretion of the medical director."[24] Further demonstrating that "medical" services like ultrasounds are tied to dissuasion, not bona fide health needs, training materials emphasize that PCs should not provide free medical services

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23. *The Life Choice Project (TLC)*, NIFLA https://www.nifla.org/life-choice-project-tlc/ (last visited Feb. 23, 2018); NIFLA Training the Life Choice Project (on file with author).

24. *Excellence of Care: Standards of Care for Providing Sonograms and Other Medical Services in a Pregnancy Medical Clinic*, Focus on the Family 1 (revised June 5, 2009), http://media.focusonthefamily.com/heartlink/pdf/standardsofcare.pdf; *see also Care Net Recordings, supra* note 6, *Making the Medical Conversion, #205*, at 6:16-6:33 (noting the benefit of "going medical" is that it allows PCs to "reach more abortion-minded clients and save more babies").

unless a woman first submits to religious counseling. *See, e.g.*, Balt. J.A. 758 (guideline for "The Client Who Only Wants a Test" at Greater Baltimore Center for Pregnancy Concerns) (explaining that for a woman who "isn't interested in counseling, and only wants to have the pregnancy test done," the center's policy is to be "firm" and refuse to provide the test unless the woman has "at least 45 minutes" to spend at the center).

The Act responds to the real problem of PCs using sophisticated tactics—such as deceptive advertising and creating the appearance of a reproductive health clinic—to draw women who seek comprehensive medical services into PCs that do not provide such services. To correct this misdirection, the Act's neutral and factual disclosure requirements ensure women have the information they need to access timely and appropriate care.

B. Women Seeking a Range of Medical Services—From Abortion and Contraception to Prenatal Care—Are Misled by PCs' Misrepresentation of Services Provided and Staff Qualifications.

1. Deceptive Tactics by PCs Have Misled Women Across the Nation.

Women from across the country have shared stories with Amici describing how PCs' tactics misled them about what services were available at the facilities they visited and whether medical professionals provided such services.[25] These patterns recur in many stories, a sampling of which are included here.

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25. Gathering stories for this brief was a collective effort in which many Amici were involved. The source of story collection

Sharon

Sharon,[26] a Texas resident who immigrated from Honduras, had a positive result on a home pregnancy test. She did not know whether abortion in the United States was legal, but she knew she wanted to have an abortion if she was pregnant. She wanted a pregnancy test from a medical professional, and searched the internet for "free pregnancy test" and "free ultrasound." She called a PC and spoke with a staffer who led her to believe that she would be going to a health clinic offering comprehensive reproductive healthcare services, including abortion. When Sharon arrived, the outside looked like a medical facility. Inside, they asked for identification and gave her medical history paperwork. Sharon was given a pregnancy test, and then told she could only get the results *after* watching a video. The video promoted religion, adoption, and parenting and featured a woman who regretted her abortion and said she suffered from depression and other medical conditions as a result. After the video, a woman dressed like a nurse performed an ultrasound. The woman asked if Sharon still wanted to have an abortion. When Sharon said yes, the woman told her she was too far along in her pregnancy. Sharon left the facility knowing she still wanted an abortion. She found an abortion clinic where she learned she was actually two weeks further into her

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is indicated for each story. Some of the women who shared their stories were able to use their full names, while others feared consequences and elected to use their first name only or a pseudonym. Names in quotes are pseudonyms.

26. Story shared with National Women's Law Center (NWLC), as facilitated by the National Network of Abortion Funds (NNAF).

pregnancy than the PC had claimed—but still within the legal limit. Sharon became even more upset when PC staff continued calling her, unsolicited, for nearly two months after her visit, saying they were "praying for her" and hoping she would choose parenting or adoption.

Kenya M.

Kenya M.[27] lived in Houston and, after learning she was pregnant, decided to have an abortion. She did an internet search for "abortion clinics in Houston." Because cost was a concern, she selected a facility from her search that advertised free pregnancy testing. It was near an abortion clinic she had visited in the past, and she assumed from its online and physical appearance that it was an abortion clinic. At the facility, she filled out paperwork, including a medical questionnaire asking for the date of her last menstrual period and whether she wanted an abortion. She asked for and received an ultrasound, thinking it was in preparation for an abortion. When she then requested an abortion—having already said repeatedly that she was seeking an abortion—she was finally told that the facility did not offer abortions. The woman she had thought was a medical technician only gave her information about how to fund the pregnancy and asked if she could pray for Kenya to continue the pregnancy. Kenya declined. Afterwards, PC staff continued to call and pressure her, which made Kenya angry.

When Kenya finally was able to visit an abortion clinic, she learned that she was actually in the process of experiencing a miscarriage. Kenya was upset about how

27. Story shared with NWLC, as facilitated by NNAF.

the PC misled and delayed her and would not have gone to the PC had she known it did not provide abortion services.

Cherisse Scott

Cherisse Scott[28] was living in Chicago when she found out she was pregnant. She decided to have an abortion and found a facility where she thought she could obtain that care based on a large advertisement in the phone book that said, "Need abortion? Call us." Cherisse called for an abortion appointment, but the PC never mentioned that it did not provide abortion. Once there, she was taken through an intake process, asked very personal questions, and "counseled" against abortion—including being shown graphic and inaccurate videos about abortion—for nearly three hours. Cherisse then asked to receive an abortion, and was finally told the facility did not provide abortions. Instead, staff told her the next step would be to get an ultrasound at another facility, which led Cherisse to believe she could get the abortion there.

Cherisse took time off from work again and went to her second appointment at a facility that seemed like a medical clinic. Once inside, someone wearing scrubs—whom Cherisse assumed was a nurse—gave her an ultrasound. Despite Cherisse being in her first trimester, the staffer told Cherisse that it was too late in her pregnancy to have an abortion, the procedure would perforate her uterus, and she would never be able to have children. Cherisse relied on this medically inaccurate information provided by a person who appeared to be a medical professional. Because she wanted to be a mother one day, and was

28. Story shared with NWLC, as facilitated by NNAF.

scared that she would not be able to after an abortion, Cherisse decided to continue her pregnancy.

2. PCs Actively Divert and Detain Women Arriving for Appointments at Abortion Clinics.

Women and healthcare providers across the country shared stories with Amici about how PCs present themselves as medical facilities, strategically situate themselves near abortion clinics, and deliberately mask their true intentions—namely, to dissuade patients seeking abortion or contraception from accessing that care. These tactics can delay a woman or cause her to miss a scheduled appointment for the care that she was seeking.

"Shania"

"Shania"[29] and her mother were attempting to go to Shania's appointment at Hartford GYN Center, an abortion clinic, when a woman at the adjacent PC, Hartford Women's Center, beckoned them in. Thinking they were entering the clinic for their appointment, Shania and her mother entered the PC. The woman inside sat them down, and started to talk about sinning and the risks of abortion. In Shania's words, "[s]he was saying stuff like if I get a surgical one I might not make it out alive. She said that someone had half a baby left inside her after. She

29. Shania's story was shared with the Center for Reproductive Rights ("CRR") by the Hartford GYN Center, and submitted as testimony for a Hartford Ordinance Hearing. Hartford Hearing, *supra* note 20, at 1:45:50-47:46 (statement of "Shania" read by Amanda Carrington, Volunteer, Hartford GYN Ctr.).

was ignoring what I was saying and just kept saying all this stuff." Shania's mother recognized that they should leave. They asked where the abortion appointments were, and the woman said there was no abortion center there.

Annie Filkowski

Annie[30] was a high school student in Florida and nervous about telling her mother that she thought she might be pregnant. She went to a PC that displayed a sign for "free pregnancy testing" across the street from a Planned Parenthood, thinking that it was also a reproductive healthcare clinic. The office looked like a medical facility, and Annie was asked to fill out a medical questionnaire. A staff member wearing scrubs took her to another room, shamed her for having sex, and told her that considering abortion wasn't "very Christian of her." Annie was given a pregnancy test that turned out to be negative. She then asked about getting birth control, but was told (incorrectly) that birth control causes cancer. The PC staffer also said that she planned to notify her parents and school about her visit.

Patients at Little Rock Family Planning

Lori Williams, MSN/APRN/CNP/WHNP,[31] is the Clinical Director of Little Rock Family Planning in Arkansas. Ms. Williams sees many women who have appointments with Little Rock Family Planning but mistakenly visit the PC across the street called the

30. Story shared with NWLC, as facilitated by the Floridians for Reproductive Freedom.

31. Story shared with NWLC.

Arkansas Pregnancy Resource Center. Despite these patients notifying the PC's staff that they are checking in for their appointments—thus making it clear that their intention is to visit the abortion clinic—the PC keeps them there for hours, not informing the women that they are in the wrong place. Ms. Williams' patients have explained that the PC looks like a medical clinic, with a waiting room and receptionist, ultrasound machine, and staff in scrubs. This medical façade has caused patients to miss their appointments and even delayed them until after Little Rock Family Planning has closed for the day. Because Little Rock Family Planning is the only surgical abortion facility in Arkansas, many women travel there from great distances. Missing an appointment often means they are delayed another day or week until the physician can see them.

C. Women Suffer a Range of Harms from the Deceptive Tactics and Delays Caused by PCs.

PCs' deceptive tactics result in real harms to women. In addition to the confusion and shaming discussed above, women face other harms, such threats to health and future fertility, loss of a wanted pregnancy, and being forced to carry a pregnancy to term.

1. The Deceptive Tactics of PCs Result in Harms to Women's Health and Future Fertility

PCs provide "medical information" that women rely on, sometimes with serious harms to their health, as the stories below illustrate.

"Sarah"

"Sarah"[32] came to the emergency room with severe abdominal pain. An ultrasound confirmed that Sarah had an ectopic pregnancy that had ruptured, putting Sarah's life at risk and requiring her to have surgery to remove the ectopic pregnancy and fallopian tube in which it was located. Her physician, Dr. Colleen McNicholas said, "[i]t wasn't until after the surgery that Sarah's mother told me about their visit to a [PC]. They went to a center that offered free care and counseling for pregnant women after Sarah confided in her mother that she missed her period and a home pregnancy test was positive. Sarah and her mother discussed her pregnancy before the visit to the [PC] and decided together that terminating the pregnancy, initiating contraception and returning to her life as a high-school student would be best for Sarah. However, they were ecstatic to find out at their visit that Sarah 'wasn't' pregnant. Sarah's mother told me how the woman at the [PC] performed an ultrasound and didn't see a pregnancy in Sarah's uterus. The woman told Sarah that she probably miscarried." Dr. McNicholas noted that "[h]ad [Sarah] received proper medical care earlier, the ectopic pregnancy would have been diagnosed and Sarah could have had a less invasive procedure, preserving her Fallopian tube. Not only was Sarah unable to get appropriate medical care at the [PC] but she received inaccurate information that negatively impacted her health and put her life at risk. The loss of her Fallopian

32. *Public Hearing on H.B. 1848*, 97th Gen. Assem., 2nd Reg. Sess. (Mo. 2014) (statement of Dr. Colleen McNicholas, Leadership Training Acad. Fellow, Physicians for Reprod. Health) (on file with author).

tube is a direct result of the inappropriate care and deceptive guidance given to Sarah by the [PC] and will impact her ability to conceive a child in the future."

2. The Deceptive Practices of PCs Harm Women with Wanted Pregnancies, and Have Even Led to the Loss of a Wanted Pregnancy

Women with wanted pregnancies are also misled and misinformed by PCs, sometimes with tragic results.

"Dartricia Rollins"

Dartricia Rollins[33] visited a PC in Marietta, Georgia, in December 2013 to confirm her wanted pregnancy, with the expectation that she was going to a medical office. On arrival, Dartricia filled out paperwork asking for her medical history, including information about past pregnancies. She was astounded that when she met with staff, they chastised her for being unmarried and not attending church. The staff administered an ultrasound and told her she was due in late August or early September. In fact, Dartricia would later learn that she was due about a month earlier. The staff failed to provide her with any prenatal care resources and continued to chastise Dartricia and her boyfriend about their beliefs and urge them to marry.

Relying on the ultrasound dating, and unable to miss work or disclose her pregnancy to her supervisor, Dartricia

33. Story shared with Feminist Women's Health Center and CRR.

waited to make an appointment with an OB-GYN. By the time she was able to go to a medical provider and was given accurate pregnancy dating, she needed to have several rushed prenatal tests. Tragically, however, Dartricia's doctors were unable to provide a timely diagnosis and take precautions associated with an incompetent cervix. As a result, Dartricia went into premature labor in March 2014, resulting in a stillbirth. Afterwards, Dartricia's doctors told her that if they had caught her condition earlier in her pregnancy, they might have been able to treat her incompetent cervix and save the baby.

Sara Henderson

Sara Henderson[34] was thirty-four years old, living in Georgia with two children, and trying to conceive when she began experiencing pregnancy symptoms. Home pregnancy tests were inconclusive and she was unable to secure a timely appointment with her OB-GYN. Seeking a professionally-administered test to confirm her pregnancy, Sara did an internet search using terms like "pregnancy test" and "pregnancy test in office," and found a medical-sounding facility five minutes away. When she called, the woman on the phone told her a nurse would be available to see her that day to talk about her options. Sara knew the facility was near a hospital and thought it might be an outpatient hospital facility. When Sara arrived, a receptionist behind a desk asked if she had health insurance and requested that she fill out medical paperwork, which referred to her as a "patient."

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34. Story shared with Feminist Women's Health Center and CRR.

A woman wearing scrubs—who Sara assumed was a nurse—gave her a stick pregnancy test. Sara followed the instructions and the "nurse" took her to another room, where the "nurse" told her she was not pregnant. Sara was upset to learn that she was not pregnant and started crying. The woman asked about Sara's relationship status. Sara then asked her if she was a nurse. She responded that she was a volunteer from a local church and asked if she could pray over Sara's stomach. Sara agreed. The woman asked her if she wanted to make an appointment to come back, and Sara said no. However, Sara continued to experience pregnancy symptoms and scheduled an appointment with her OB-GYN for a few weeks later. At that appointment she learned that she was indeed pregnant and had been at the time of her visit to the PC.

Sara was angry and emailed the director of the PC to complain about the experience. The woman responded "[w]ell, we buy those tests from the Dollar Store and sometimes they're wrong." The woman also told Sarah that the facility worked with a registered nurse, but that the nurse was not there full-time. Like the other women who shared their stories, Sara would not have gone to the PC if she had known that it did not provide the care she sought or employ medical professionals delivering actual medical services instead of religious counseling.

3. The Deceptive Tactics of PCs Result in Women Being Forced to Continue a Pregnancy to Term.

Cherisse Scott's story, described above, is one example of how deceptive tactics and lies were used by a PC to effectively force a woman to carry her pregnancy to term. But she is not alone, as the stories below illustrate.

"Betty"

Dr. Jasmine Patel met "Betty"[35] in the emergency room. In Dr. Patel's words, "[s]he came to see us for abdominal pain. [Betty] secretly revealed to me that she was hiding her pregnancy from her family. She had been seeing a women's center in Hartford because she wanted a termination. She told me she had gone every few weeks for the last few months, but was not given any instructions on how to have an abortion. When I performed her ultrasound in the emergency room, I was able to determine that her fetus was 25 weeks and 4 days, which is past the legal limit [for] an abortion. I had to tell her that even though she had clearly indicated her desire to terminate, now she had no choice in the matter because she had been misled and pushed past that legal limit."

"Donna"

"Donna"[36] was a twelve-year old student when she came to see school-based health educator Maria Lopez-Bernstein in 2014. She was pregnant and wanted to have an abortion. Donna tried to go to a Planned Parenthood in the Bronx, but was confused by the signage on the building next door that closely mimicked Planned Parenthood's sign and accidentally went to the PC instead. Donna said she wanted an abortion, and PC staff told her they could help. They "counseled" her about the "dangers" of abortion, showed her graphic abortion videos, and coerced

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35. Hartford Hearing, *supra* note 20, at 2:25:24-27:20 (statement of Drs. Jasmine Patel, Chief Resident, Obstetrics & Gynecology Program, Univ. of Conn. & Hartford Hosp.).

36. Story shared by Maria Lopez-Bernstein with CRR.

Donna into calling her mother. Donna's mother and father came to the PC, where they were all "counseled" and shown the graphic videos. Donna's father then decided that Donna should carry the pregnancy to term. Though Donna still wanted an abortion, she instead became a mother at the age of thirteen.

D. Harms Stemming from PCs' Deceptive Tactics Fall Heavily on Women Struggling to Make Ends Meet—Who Face Logistical Barriers Around Work Schedules, Wages, Travel, and Childcare.

The harms from PCs' deceptive practices fall hardest on poor women and women facing the pressures of low-wage work. More than one in eight women live in poverty according to the most recent census figures, and poverty rates are "particularly high" for women of color.[37] Women are overrepresented in low wage jobs and more likely than men to hold part-time positions that lack benefits and stability in scheduling.[38] Furthermore, women of color are overrepresented in the low-wage workforce.[39] For low-income women, taking time off work and arranging

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37. Kayla Patrick, *National Snapshot: Poverty Among Women and Families, 2016*, NWLC 1 (Sept. 2017), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/09/Poverty-Snapshot-Factsheet-2017.pdf.

38. Julie Vogtman & Jasmine Tucker, *Collateral Damage: Scheduling Challenges for Workers in Low-Wage Jobs and their Consequences*, NWLC 1, 4 (updated Apr. 2017), https://nwlc-ciw49tixgw5lbab.stackpathdns.com/wp-content/uploads/2017/04/Collateral-Damage.pdf.

39. *Id.* at 1.

for childcare to visit a PC is a significant burden; doing it again to obtain the care they actually seek compounds the burdens.

"Marina"

"Marina"[40] was unemployed and supporting her family with her Social Security payments when she inadvertently visited a PC. Marina's boyfriend previously had a vasectomy, so they were shocked to learn she was pregnant. They knew that an abortion was the right decision. Marina suffered from depression for years, and the strain of an unexpected pregnancy combined with grief over her father's recent death meant she needed to obtain her abortion care without any delay for the sake of her mental health. Marina's family was on a tight budget: her teenage son who worked at a summer job to help the family financially had just gone back to school, and the family had recently shouldered funeral expenses for Marina's father. Marina's boyfriend gave her all the extra money he had to travel to a clinic, but the "clinic" turned out to be a PC, draining Marina's resources and forcing her to raise funds anew.

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40. Story Collection, Nat'l Abortion Fed'n (on file with author).

"Sophia"

Reverend Matthew Westfox,[41] Associate Pastor of All Souls Bethlehem Church and Director of Interfaith Outreach, Religious Coalition for Reproductive Choice, told the story of a woman in New York City who called him to receive counseling. "Sophia" worked at a grocery store, and in the pastor's words, "had to negotiate with both her boss and one of her co-workers to get a day off when she could go to a clinic and have the abortion she and her husband had together decided she needed. When she realized she had gone to a place that couldn't provide the service she wanted—that she had wasted her day off, lost the income without purpose, and that it might be three weeks before she could do it again—she was outraged." Sophia's story illustrates that women who work in low wage jobs cannot afford to visit a facility that does not provide the care they seek. In addition to losing wages, the pressures of the workplace can extend any delay for days or weeks—which makes care more costly to obtain.

II. The Act's Neutral, Factual Disclosures, Which Are Needed Because of PC's Deceptive Practices, Are Constitutional Under this Court's Context-Based Standard for Evaluating Compelled Speech.

The Court should reject Petitioners' arguments for overturning the ruling below because they depend on ignoring the entire factual context in which the

41. *A Local Law to Amend the Administrative Code of N.Y.C., in Relation to Limited Service Pregnancy Centers: Hearing on Intro. 0371-2010 Before the Comm. on Women's Issues*, N.Y.C. City Council 48 (Nov. 16, 2010) (statement of Rev. Matthew Westfox) (on file with author).

Act operates. Indeed, in seeking reversal, Petitioners and their Amici ask the Court for a double standard: they argue that speech in facilities that *do not* provide abortion or contraception should receive higher protection than speech in facilities that *do* provide abortion and contraception. The Court should reject the invitation to undermine the values enshrined in the First Amendment by creating such a double standard. Instead, it should apply ordinary First Amendment principles and affirm the Ninth Circuit's decision

A. Context Is Key in Evaluating Compelled Speech Requirements Under the First Amendment.

Petitioners ask the Court to overturn the Ninth Circuit's decision by ignoring the entire context of the Act and claiming that this case is about "religious organizations" engaging in "the purest sort of . . . mission-oriented issue advocacy." Br. for Pet'rs 5, 22. They also argue that they "seek to speak public messages about an ideological cause." *Id.* at 45.

The problem, however, is that many PCs do not advertise or present themselves to the women who come through their doors as religious advocates "seek[ing] to speak public messages about an ideological cause." *Id.* Instead, they present themselves as medical clinics, or centers providing what consumers would view as medical services, without disclosing their ultimate religious advocacy goals. *See supra* 12-16.

The Act's constitutionality should be assessed in light of this context. Indeed, under ordinary First Amendment principles, context is key in evaluating laws that compel

speech, including determining the appropriate level of scrutiny. *See Riley v. Nat'l Fed'n of the Blind of N.C., Inc.*, 487 U.S. 781, 796 (1988) (holding that "level of scrutiny to apply to a compelled statement" turns on "the nature of the speech taken as a whole and the effect of the compelled statement thereon"); *see also Turner Broad Sys., Inc. v. FCC*, 512 U.S. 622, 637 (1994) (stating that "not every interference with speech triggers the same degree of scrutiny under the First Amendment"); *Stuart v. Camnitz*, 774 F.3d 238, 244-45 (4th Cir. 2014) (citing *Turner*, 512 U.S. at 637; *Riley*, 487 U.S. at 790) (evaluating full context of abortion restriction compelling physician speech to determine appropriate level of scrutiny). Here, the Ninth Circuit appropriately took context into account in affirming the denial of Petitioners' preliminary injunction motion, and there is no basis for disturbing its decision.

B. The Act's Provisions Should Not Be Subject to a Higher Level of Scrutiny Than Other Laws Regulating Speech by Medical Professionals.

The Ninth Circuit rightly held that the Act's notice requirement for licensed clinics should not be subject to a higher level of scrutiny than other laws regulating speech by medical professionals to their patients about medical treatment—and in particular speech about abortion. *See, e.g., Wollschlaeger v. Governor of Fla.*, 848 F.3d 1293, 1301-02 (11th Cir. 2017) (applying intermediate scrutiny and invaliding prohibitions on medical professionals' ability to inquire of patients, and include in medical records, information about whether patients own firearms); *Stuart*, 774 F.2d at 245-46 (applying intermediate scrutiny and holding that abortion restriction that compelled physician speech to patient in middle of medical procedure failed

such scrutiny); *King v. Governor of N.J.*, 767 F.3d 216, 220, 237-40 (3d Cir. 2014) (applying intermediate scrutiny to law prohibiting licensed counselors from engaging in sexual orientation change efforts (SOCE) with patients under eighteen and concluding that law survived such scrutiny). Indeed, in choosing the level of scrutiny to apply to regulations of speech by medical professionals, courts of appeals have sought to ensure that professionals are not simply turned into mouthpieces for the state and that patients are able to distinguish between medical advice and non-medical advocacy—the same interests that are at issue here. *See Wollschlaeger*, 848 F.3d at 1310-11; *Stuart*, 774 F.3d at 245-48; *King*, 767 F.3d at 236 (noting "serious doubts that anything less than intermediate scrutiny" would adequately ensure that legislatures do not regulate professional speech to inhibit "politically-disfavored messages").

For example, grappling with many of the same First Amendment questions posed by this case, the courts in *Stuart* and *King* viewed as important the difference between a medical professional speaking in the context of providing services to a patient versus that same medical professional "speaking to the public at large or offering her personal opinion." *King*, 767 F.3d at 232; *see also Stuart*, 767 F.3d at 247-48. Taking that distinction into account, both the Third and Fourth Circuits concluded that, in the context of patient services, regulations of speech should be analyzed through the lens of the well-established traditions of the medical profession. For instance, in *King*, the Third Circuit concluded that intermediate scrutiny of the prohibition on SOCE counseling for minors was appropriate because the record established that New Jersey had acted to "protect[] its citizens from ineffective

or harmful professional services." 767 F.3d at 235. It then upheld the prohibition because of the substantial evidence that SOCE counseling is ineffective and can cause serious health harms. *Id.* at 238. Similarly, in *Stuart*, the Fourth Circuit's determination that the law at issue was inconsistent with the history and traditions of the medical profession informed both its decision on the level of scrutiny and on the law's ultimate invalidity; the court found, *inter alia*, that the law required physicians to speak an ideological state message "irrespective of the needs or wants of the patient, in direct contravention of medical ethics and the principle of patient autonomy." 774 F.3d at 255.

There is no principled First Amendment argument that supports a higher level of scrutiny for the Act's notice requirements than for the laws at issue in *Wollschlaeger*, *Stuart*, and *King*. For example, the law considered in *Stuart* was far more intrusive on First Amendment interests than the Act: it literally put words into the physician's mouth, requiring the physician to speak the state's anti-abortion message in his or her own voice *in the middle* of a medical procedure, to a partially disrobed patient, even if the physician believed the message would harm the patient. *See Stuart*, 774 F.3d at 254-55.

Petitioners and their Amici nevertheless argue that a different standard should apply because the Act's disclosures are not about a medical procedure or informed consent. Br. for Pet'rs 44-48; Br. for Cato Inst. as *Amicus Curiae* Supp. Pet'rs 5-9; Br. for Tex. et al. as Amici Curiae Supp. Pet'rs ("Br. for Tex.") 9-14. But these arguments are disingenuous and legally meritless. Petitioners simply want to have their cake and eat it too:

"medicalizing" so that they can induce more women to enter their clinics, while at the same time arguing in court that they are not medical enough to comply with informed consent requirements. Indeed, Petitioners intentionally trade on the medicalization of their licensed clinics, and the medical-seeming services offered by their unlicensed clinics, to attract women seeking medical care—including prenatal care, abortion and the full-range of contraception—who otherwise would not call or visit their facilities. *See supra* 9-16. And Petitioners of course do speak to women about "particular medical procedures": they speak to them in great detail about what they view as the risks of abortion and contraception. Because of PCs' targeted efforts, women are entitled to know that they are embarking on a conversation with a religious advocate, not entering a medical relationship in which the professional provides unbiased information so the patient can make an autonomous decision based on her *own* values and goals. *See Stuart*, 774 F.3d at 252 (stating that a "physician's role . . . is to inform and assist the patient without imposing his or her own personal will and values").

In arguing for a double standard, Petitioners' Amici also misrepresent this Court's decision in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, 505 U.S. 833 (1992). They contend that states can put any factual information into the mouths of abortion providers, but not staff at PCs, because *Casey* stands for the proposition that "a State can use its regulatory authority to require information about fetal development to be shown to a patient precisely because of the State's interest in protecting unborn life." Br. for Tex. 12-13. According to Petitioners' Amici, *Casey* both establishes a special lower standard of First Amendment review for

speech about abortion and does not impose this special lower standard on PC staff, even though they counsel patients about abortion.

But *Casey* did not create any new or special First Amendment rules. Instead, *Casey* upheld an informed consent statute that was composed of two parts. One part required physicians to provide information that was *already* included in their informed consent process, such as risks and benefits of alternative procedures. *Casey*, 505 U.S. at 881-84; *see also Planned Parenthood of Se. Pa. v. Casey*, 947 F.2d 682, 703-07 (3d Cir. 1991) (making clear that *Casey* plaintiffs were already providing basic information on risks and benefits to patients and their objection to the Pennsylvania law was based on other reasons), *aff'd in part, rev'd in part*, 505 U.S. at 833. The second part of the statute upheld in *Casey* required an offer of state-created printed materials about, *inter alia*, fetal development and the availability of medical assistance for childbirth. 505 U.S. at 881. With respect to this second part of the challenged statute, *Casey*'s holding was extremely narrow. The decision says only that information about fetal development and childbirth assistance "*may* be permissible" when all the State does is make information that is truthful and not misleading *available* to patients in state-produced pamphlets. *Id.* at 882 (emphasis added); *see also id.* at 883. Further, the Court noted that a physician did not need to comply with the statute if, in his or her view, doing so would harm the patient. *Id.* at 883-84 (noting that "in this respect, the statute does not prevent the physician from exercising his or her medical judgment"). Thus, to the extent *Casey* approves of allowing the State to provide its ideological message to abortion patients, it did so only through

the physician's *offer* of the State's *own speech*—with information in the State's publication—and even then only in circumstances when the physician concluded that the offer itself would not harm the patient. Accordingly, *Casey* did not announce a blanket rule that weakened First Amendment protections for abortion providers.

To the contrary, *Casey*'s holding turned on this Court's recognition of the importance of respecting a woman's autonomy in making decisions about her medical care, including the decision whether to carry to term, and allowed physician speech to be regulated only concordantly with that underlying value. The Act seeks to protect women's autonomy by counteracting the deliberately deceptive and confusing tactics by PCs and should be upheld.

In sum, the argument that the regulations at issue in this case should be reviewed under a higher level of scrutiny than speech regulations about other procedures—and in particular abortion procedures—amounts to nothing more than a claim that there should be a different First Amendment standard depending on the viewpoint of the speaker, an argument that this Court should flatly reject.

CONCLUSION

For the foregoing reasons, the Ninth Circuit's decision should be affirmed.

Respectfully submitted,

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APPENDIX

APPENDIX — DESCRIPTIONS OF *AMICI CURIAE* ORGANIZATIONS

The **Abortion Access Hackathon**, founded in California, bridges the tech gap in abortion access, through the collaboration and innovation of industry professionals and access stakeholders. We continue to advocate for honest healthcare and access to services while creating space for gender equity leadership in tech.

Abortion Care Network is a national non-profit, membership-based network of community-based, independent abortion care providers and the allies who support them. We are dedicated to ensuring that all people have access to dignified and exceptional abortion care. We work to sustain a health ecosystem of abortion care and to eliminate the obstacles faced by independent abortion care providers through direct services, advocacy, movement-wide collaboration, professional development and actively confronting abortion stigma.

Advocates for Youth partners with youth leaders, adult allies, and youth-serving organizations to advocate for policies and champion programs that recognize young people's rights to honest and medically accurate sexual health information; accessible, confidential, and affordable sexual health services; and the resources and opportunities necessary to create sexual health equity for all youth.

The **Afiya Center** is a non-profit Reproductive Justice organization based in North Texas. The Afiya Center was founded in response to the absence of programs to assist marginalized women living in poverty who are a

high risk of contracting HIV/AIDS. The Afiya Center embraces the Reproductive Justice framework as the most effective means for tackling this dual epidemic. The Afiya Center understands that the right to decide what to do with one's own body is at the core of reproductive justice. We believe that women should have the right to make decision about one's own body; to decide if or when, and how to have children; to choose whether to end or continue a pregnancy; to have an equal opportunity to survive pregnancy and childbirth; to parent one's existing children; and to pursue these rights free from systemic violence.

In 1881, the **American Association of University Women ("AAUW")** was founded by like-minded women who had defied society's conventions by earning 27 college degrees. Since then it has worked to increase women's access to higher education through research, advocacy, and philanthropy. Today, AAUW has more than 170,000 members and supporters, 1,000 branches, and 800 college and university partners nationwide. AAUW plays a major role in mobilizing advocates nationwide on AAUW's priority issues. In adherence with our member-adopted Public Policy Program, AAUW supports choice in the determination of one's reproductive life and increased access to health care and family planning services.

The **American Sexual Health Association** supports the right of women to make fully informed decisions about their sexual and reproductive health with access to medically accurate, unbiased information.

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Americans United for Separation of Church and State is a national, nonsectarian public-interest organization that is committed to ensuring religious freedom and protecting fundamental rights, including reproductive rights, for all Americans by safeguarding the constitutional principle of church–state separation. Americans United represents more than 125,000 members and supporters nationwide. Since its founding in 1947, Americans United has participated as a party, as counsel, or as an amicus curiae in the leading church–state cases decided by the United States Supreme Court, this Court, and by the lower federal and state courts throughout the country.

The **Anti-Defamation League ("ADL")**, founded in 1913, is a national Jewish civil rights and human relations organization dedicated to principles of equality and religious and individual liberty, including the right to privacy. ADL views reproductive choice as an issue of personal and religious freedom. Accordingly, ADL has participated as amicus curiae in every major U.S. Supreme Court case since *Roe v. Wade*, 410 U.S. 113 (1973) supporting reproductive freedom and opposing efforts to curtail abortion rights.

Black Mamas Matter Alliance (BMMA) is a Black women-led cross-sectoral alliance. BMMA centers Black mamas to advocate, drive research, build power, and shift culture for Black maternal health, rights, and justice. BMMA envisions a world where Black mamas have the rights, respect, and resources to thrive before, during, and after pregnancy. As an alliance, BMMA aims to (1) change policy by introducing and advancing policy grounded

in the human rights framework that addresses Black maternal health inequity and improves Black maternal health outcomes; (2) cultivate research by leveraging the talent and knowledge that exists in Black communities and cultivate innovative research methods to inform the policy agenda to improve Black maternal health; (3) advance care for Black mamas: explore, introduce, and enhance holistic and comprehensive approaches to Black mamas' care; and (4) shift culture by redirecting and reframing the conversation on Black maternal health and amplify the voices of Black mamas.

Founded in 2011, **Black Women Birthing Justice** is a collective of African-American, African, Caribbean and multiracial women who are committed to transforming birthing experiences for Black women and transfolks. Our vision is that that every pregnant person should have an empowering birthing experience, free of unnecessary medical interventions. Our goals are to educate, to document birth stories and to raise awareness about birthing alternatives. We aim to challenge medical violence, rebuild confidence in our ability to give birth and decrease disproportionate maternal and infant mortality.

The **Center for Reproductive Rights** is a global human rights organization that uses the law to advance reproductive freedom as a fundamental right that all governments are legally obligated to respect, protect, and fulfill. In the United States, the Center's work focuses on ensuring that women and all people have access to a full range of high-quality reproductive health care. Since its founding in 1992, the Center has been actively involved

in nearly all major litigation in the U.S. concerning reproductive rights, in both state and federal courts, including most recently, serving as lead counsel for the plaintiffs in *Whole Woman's Health v. Hellerstedt*, 136 S. Ct. 2292 (2016). As a rights-based organization, the Center has a vital interest in protecting the speech rights of health care providers, along with the rights of women in need of access to high-quality and respectful care.

The **Center on Reproductive Rights and Justice at UC Berkeley School of Law** seeks to realize reproductive rights and advance reproductive justice by bolstering law and policy advocacy efforts, furthering scholarship, and influencing academic and public discourse. Our work is guided by the belief that all people deserve the social, economic, political, and legal conditions necessary to make genuine decisions about reproduction.

The **Colorado Organization for Latina Opportunity and Reproductive Rights (COLOR)** works to engage and empower the Latino community to speak out about the policies that impact our community. We are committed to ensuring that women of color are able to make their own decisions regarding pregnancy, parenting and abortion and to receive the health services they need to support their decision.

Feminist Women's Health Center is a non-profit reproductive health, rights, and justice organization that is committed to a vision of judgment-free reproductive health care and access for all who need it. Founded in 1976 in Atlanta, GA, FWHC offers compassionate abortion care

as part of comprehensive reproductive health services and works to improve access for traditionally underserved communities. Using an intersectional reproductive justice approach, the Feminist Center's services and programs aim to meet the unique needs of people of color, low-income, Spanish-speaking, immigrant, refugee, and LGBTQIA+ clients. More than a health care provider, the Feminist Center has been an advocacy leader at the state policy level, and at the national level through coalitions and partnerships, for the past two decades, defending against any attacks on reproductive rights and advancing proactive policy to achieve reproductive justice.

Fund Texas Choice is a non-profit organization that helps Texans equitably access abortion through safe, confidential, and comprehensive travel services and practical support. We were formed in 2013 in response to the passage of Texas House Bill 2, which closed nearly 75% of over 40 Texan clinics in 2013 and 2014. The closures were primarily in rural and low-income areas of the state, necessitating cost-prohibitive, time-wasting, and geographically-difficult travel for groups already facing financial obstacles to abortion. We have a vested interest in the outcome of this case because many of our clients travel out of state to access abortion care after first visiting a crisis pregnancy center.

Ibis Reproductive Health is an international nonprofit organization with a mission to improve women's reproductive autonomy, choices, and health worldwide. Our core activity is clinical and social science research on issues receiving inadequate attention in other research

settings and where gaps in the evidence exist. Our agenda is driven by women's priorities and focuses on increasing access to safe abortion, expanding contraceptive access and choices, and integrating HIV and comprehensive sexual and reproductive health services. We partner with advocates and other stakeholders who use our research to improve policies and delivery of services in countries around the world.

In Our Own Voice: National Black Women's Reproductive Justice Agenda is a national Reproductive Justice organization focused on lifting up the voices of Black women at the national and regional levels in our ongoing policy fight to secure Reproductive Justice for all women and girls. In Our Own Voice is a national-state partnership with eight Black women's reproductive justice organizations: Black Women for Wellness, Black Women's Health Imperative, New Voices for Reproductive Justice, SisterLove, Inc., SisterReach, SPARK Reproductive Justice NOW, The Afiya Center and Women With a Vision. Because we are a Reproductive Justice organization, we work to ensure that Black women and girls receive reproductive health information is honest and trustworthy so that they can make informed decisions about their lives.

Lady Parts Justice League, a 501(c)(3) nonprofit organization founded by Lizz Winstead—co-creator of the Daily Show—uses humor to destigmatize abortion, expose the anti-choice extremist forces working to destroy access to reproductive rights across the US, and support and raise awareness about independent abortion providers. We are committed to ensuring that women and pregnant

people have the timely information, resources, and support that they need to make informed decisions about their reproductive health.

Lambda Legal is the nation's oldest and largest nonprofit legal organization working for full recognition of the civil rights of LGBT people and everyone living with HIV, through impact litigation, education, and policy advocacy. See, e.g., *Obergefell v. Hodges*, 135 S. Ct. 2584 (2015); *Lawrence v. Texas*, 539 U.S. 558 (2003); *Romer v. Evans*, 517 U.S. 620 (1996). Lambda Legal has an interest in this case because free speech and religious freedom rights often have been asserted to excuse harm to LGBT people, and Amicus has represented same-sex couples or appeared as amicus curiae in many cases addressing such defenses. See, e.g., Christian Legal Society Chapter of the *Univ. of Calif. v. Martinez*, 561 U.S. 661 (2010); *Masterpiece Cakeshop v. Colorado Civil Rights Commission*, No. 16-111 (U.S. filed July 22, 2016); *Washington v. Arlene's Flowers, Inc.*, 389 P.3d 543 (Wash. 2017); *Klein, dba Sweetcakes by Melissa v. Oregon Bureau of Lab. & Indus.*, No. CA A159899 (Or. Ct. App. filed April 25, 2016); *N. Coast Women's Care Med. Grp., Inc. v. Superior Ct.*, 189 P.3d 959 (Cal. 2008). Amicus also has an interest in this case because many LGBT people need and use abortion services. In addition, Amicus has an interest in the enforceability of laws analogously regulating mental health services to protect patients from harmful sexual orientation or gender identity "conversion" therapy. Because the millions of LGBT people potentially affected by this case include up to 250,000 Lambda Legal constituents nationwide and more than 55,500 in

California, Lambda Legal has a particular interest in assisting the Court through the information in this brief.

Legal Momentum, The Women's Legal Defense and Education Fund, is a leading national non-profit civil rights organization that for nearly fifty years has used the power of the law to define and defend the rights of girls and women. Legal Momentum has worked for decades to secure and protect reproductive rights and access to reproductive health services, including the right to contraception. Legal Momentum has been involved in dozens of cases protecting reproductive freedom and health in state and federal courts throughout the country. Legal Momentum has also authored and submitted several amicus briefs to the U.S. Supreme Court challenging the constitutionality of policies and statutes that infringe on women's right to reproductive health.

Legal Voice, formerly known as the Northwest Women's Law Center, is a regional nonprofit public interest organization based in Seattle that works to advance the legal rights of women in the five Northwest states (Washington, Oregon, Idaho, Montana, and Alaska) through public impact litigation, legislation, and legal rights education. Since its founding in 1978, Legal Voice has been dedicated to protecting and expanding access to reproductive health care. Legal Voice has participated as counsel and as amicus curiae in cases throughout the Northwest and the country to help ensure rights to health coverage, self-determination, and bodily autonomy.

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The **Maine Women's Policy Center** advocates for the economic, social and political well-being of Maine women and girls. For 40 years we have advocated for access to the full range of health care, including reproductive health care. In order for women to have autonomy and economic security, they must have full control over their reproduction.

Medical Students for Choice is dedicated to ensuring that everyone has the unbiased information and medical services they need to make reproductive health decisions that are right for each individual. As future physicians, we strongly oppose any attempts to undermine our patients' right to comprehensive and accurate medical information.

NARAL Pro-Choice America is a national advocacy organization, dedicated since 1969 to supporting and protecting, as a fundamental right and value, a woman's freedom to make personal decisions regarding the full range of reproductive choices through education, organizing, and influencing public policy. NARAL Pro-Choice America works to guarantee every woman the right to make personal decisions regarding the full range of reproductive choices. Ensuring that women can make these decisions free from deception and coercion, and that they receive medically accurate, unbiased, and comprehensive information is a critical piece of our mission.

National Advocates for Pregnant Women is a non-profit organization that advocates for the civil and human rights of pregnant women. Pregnant women, like all other

constitutional persons in the United States, are entitled to honest and accurate health information from all providers.

The **National Asian Pacific American Women's Forum (NAPAWF)** is the only national, multi-issue Asian American and Pacific Islander (AAPI) women's organization in the country. NAPAWF's mission is to build a movement to advance social justice and human rights for AAPI women, girls, and transgender and gender non-conforming people. NAPAWF approaches all of its work through a reproductive justice framework that seeks for all members of the AAPI community to have the economic, social, and political power to make their own decisions regarding their bodies, families, and communities. Our work includes advocating for the reproductive health care needs of AAPI women and ensuring AAPI women's access to reproductive health care services.

The **National Center for Lesbian Rights (NCLR)** is a national legal nonprofit organization founded in 1977 and committed to advancing the rights of lesbian, gay, bisexual, and transgender (LGBT) people and their families through litigation, public policy advocacy, and public education.

The **National Center for Transgender Equality (NCTE)** is a national social justice organization founded in 2003 and devoted to advancing justice, opportunity, and well-being for transgender people through education and advocacy on national issues. NCTE has worked with local, state, and federal government agencies and other organizations around the country for over a decade to ensure equal access to quality health care for transgender people.

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The **National Council of Jewish Women (NCJW)** is a grassroots organization of volunteers and advocates who turn progressive ideals into action. Inspired by Jewish values, NCJW strives for social justice by improving the quality of life for women, children, and families and by safeguarding individual rights and freedoms. NCJW is committed to creating a world where all people, regardless of race, class, gender, sexuality, ability, or immigration status, have the right to build their families and live their lives with dignity. Our Jewish values teach us that our reproductive freedoms are integrally bound to our religious liberty; we are committed to advancing the goals of reproductive justice so that every person can make their own moral and faith-informed decisions about their body, health, and family.

The **National Health Law Program** is a 49-year-old public interest law organization that engages in education, litigation, research, and policy analysis to advance access to quality health care and protect the legal rights of low-income and underserved populations.

The **National Institute for Reproductive Health ("NIRH")** is a non-profit advocacy organization working to build a society in which everyone has the freedom and ability to control their reproductive and sexual lives. NIRH promotes its mission by galvanizing public support for access to reproductive health care, including abortion and contraception, and supporting public policy that ensures that women have timely, affordable access to the full range of reproductive health care in their communities.

National Latina Institute for Reproductive Health ("NLIRH") is the only national reproductive justice organization dedicated to advancing health, dignity, and justice for the 28 million Latinas, their families, and communities in the United States. We believe that access to comprehensive reproductive healthcare, including abortion, is essential to ensuring that all people can shape their lives and futures with dignity. We trust that when individuals are empowered with knowledge of all reproductive health options, they are able to make the best decision for themselves and their families.

The **National LGBTQ Task Force** is the nation's oldest national LGBTQ advocacy group. As a progressive social-justice organization, the Task Force works to achieve full freedom, justice, and equality for Lesbian, Gay, Bisexual, Transgender, and Queer (LGBTQ) people and their families. The Task Force trains and mobilizes activists across the Nation to combat discrimination against LGBTQ people in every aspect of their lives, including housing, employment, healthcare, retirement, and basic human rights.

The **National Network of Abortion (NNAF)** The National Network of Abortion (NNAF) funds is a non-profit organization that builds power with members to remove financial and logistical barriers to abortion access by centering people who have abortions and organizing at the intersections of racial, economic, and reproductive justice. With over 70 member organizations across the United States and abroad, NNAF is working to make sure every reproductive decision, including abortion, is

supported and free from coercion, and advocates for all people to have the power and resources to care for and affirm their bodies, identities, and health for themselves and their families—in all areas of their lives so that as we shift the conversation about abortion, it will become a real option, accessible without shame or judgment.

The **National Organization for Women Foundation** is a 501(c)(3) organization devoted to furthering women's rights through education and litigation. Established in 1986, NOW Foundation is affiliated with the National Organization for Women, the largest feminist grassroots activist organization in the United States, with hundreds of thousands of members and contributing supporters in hundreds of chapters in all 50 states and the District of Columbia. Since its inception, NOW Foundation's goals have included advocating for improved access to reproductive health care for all women and to safeguarding abortion rights.

The **National Partnership for Women & Families** (formerly the Women's Legal Defense Fund) is a national advocacy organization that develops and promotes policies to foster a society in which workplaces are fair and family friendly, discrimination is a thing of the past, women's reproductive health and rights are secure, everyone has access to quality, affordable health care and every person has the opportunity to achieve economic security and live with dignity. The National Partnership has a deep, unwavering commitment to women's reproductive health, including ensuring that every woman has access to a full range of reproductive health information and services.

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The **National Women's Law Center** is a nonprofit legal advocacy organization dedicated to the advancement and protection of women's legal rights and opportunities since its founding in 1972. The Center focuses on issues of key importance to women and their families, including income security, employment, education, health, and reproductive rights, with special attention to the needs of low-income women and those who face multiple and intersecting forms of discrimination. The Center has participated in numerous cases before this Court to secure a woman's right to decide whether or not to bear children.

New Voices for Reproductive Justice is a Human Rights and Reproductive Justice advocacy organization with a mission to build a social change movement dedicated to the full health and well-being of Black women, femmes, and girls in Pennsylvania and Ohio. Since 2004 the organization has served over 75,000 women of color and LGBTQIA+ people of color through community organizing, grassroots activism, civic engagement, youth mentorship, leadership development, culture change, public policy advocacy and political education. New Voices defines Reproductive Justice as the human right of all people to have full agency over their bodies, gender identity and expression, sexuality, work, reproduction and the ability to form families.

Nurses for Sexual and Reproductive Health (NSRH) is a national grassroots organization dedicated to providing nursing students, faculty and practitioners with the education, tools, and resources necessary to become social change agents within the healthcare system as it relates to sexual and reproductive justice.

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People For the American Way Foundation (PFAWF) is a nonpartisan civic organization established to promote and protect civil and constitutional rights, including first amendment freedoms and reproductive choice. Founded in 1981 by a group of civic, educational, and religious leaders, PFAWF now has hundreds of thousands of members nationwide. Over its history, PFAWF has conducted extensive education, outreach, litigation, and other activities to promote these values.

Reproaction is a national non-profit organization formed to increase access to abortion and advance reproductive justice using advocacy, direct action, and public education campaigns.

The **Reproductive Health Access Project** is a nonprofit organization that mobilizes, trains, and supports clinicians to make reproductive health care accessible to everyone. We focus on three key areas: abortion, contraception, and management of early pregnancy loss. We teach and support providing evidence-based clinical information in an unbiased, patient-centered manner. We have signed on to numerous amicus briefs that aim to protect access to evidence-based clinical care and protect individuals' reproductive rights.

Founded in July 1989, **SisterLove, Inc.** is an HIV/AIDS and reproductive justice nonprofit organization focusing on women, particularly women of African descent, and has the distinction of being the oldest nonprofit of its kind in the State of Georgia. SisterLove's mission is to eradicate the adverse impact of HIV/AIDS and reproductive

oppressions as well as sexual oppressions upon all women, their families, and their communities in the United States and worldwide through education, prevention, support and human rights advocacy. To realize this mission, SisterLove engages in advocacy, health education, and prevention which seeks to educate and empower youth and women of color to the policies that affect those living with HIV as well as those at high risk for contracting the virus and other sexually transmitted infections. In addition to counseling, SisterLove provides free services to those seeking HIV and STI testing. Since its inception, SisterLove has been at the forefront of community-based advocacy for the health, human rights, and well-being of Black women living with HIV/AIDS, those at risk for contracting HIV/AIDS, and for all individuals who belong to marginalized communities that are severely and disproportionately impacted by HIV/AIDS, particularly in the Deep South and the Global South. SisterLove adopted a human rights and reproductive justice approach to HIV advocacy to conceptualized HIV policy issues and innovate community-based solutions to those issues from the grassroots level upwards. SisterLove advances its advocacy objectives by amplifying its experiential perspectives and policy positions through traditional and social media; building power among its base of women and youth; collaborating with community partners to produce intersectional policy writing that utilizes Reproductive Justice and human rights frameworks, intended for use by all who have a stake in SisterLove's advocacy objectives; conducting stakeholder and community engagement and education at local, state, and national levels; and working in coalition with community partners and allies at local, state, and national levels.

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SisterReach is a 501c3 nonprofit based in Memphis, TN which works on the local, state, regional and national levels to achieve Reproductive Justice for women and teens of color, rural and queer marginalized people and their families.

SisterSong is a Southern based, national membership organization. Our purpose is to build an effective network of individuals and organizations to improve institutional policies and systems that impact the reproductive lives of marginalized communities. We work to strengthen and amplify the collective voices of indigenous women and women of color to achieve reproductive justice by eradicating reproductive oppression and securing human rights.

UltraViolet is a powerful and rapidly growing community of people mobilized to fight sexism and create a more inclusive world that accurately represents all women, from politics and government to media and pop culture. We fight attacks against women and work toward a proactive vision of what equality looks like for women. To this end, we fight to ensure that all women have access to full and affordable health care services, including abortion access.

Unite for Reproductive & Gender Equity (URGE) is a non-profit grassroots advocacy organization that works to mobilize young people through a reproductive justice framework. URGE builds infrastructure through campus chapters and city activist networks, where we invite individuals to discover their own power and transform it into action. URGE members educate their communities

and advocate for local, state, and national policies around issues of reproductive justice and sexual health.

Whole Woman's Health (WWH) was founded in 2003 and is a privately-owned feminist organization committed to providing holistic reproductive health care including abortion. WWH manages clinics in 6 states and was the lead plaintiff in the landmark abortion rights Supreme Court Case, *Whole Woman's Health v Hellerstedt* that overturned TRAP laws in Texas.

Whole Woman's Health Alliance (WWHA) is a non-profit organization committed to providing holistic reproductive health care including abortion in challenging places where access to quality care is under attack. The mission of WWHA is to strategically shift the stigma around abortion in our culture. We are committed to fostering open and honest conversations, lifting up all communities and transforming the abortion care environment.

Founded in 1917, the **Women's Bar Association of the District of Columbia (WBA)** is one of the oldest and largest voluntary bar associations in metropolitan Washington, DC. Today, as in 1917, we continue to pursue our mission of maintaining the honor and integrity of the profession; promoting the administration of justice; advancing and protecting the interests of women lawyers; promoting their mutual improvement; and encouraging a spirit of friendship among our members. We believe that the administration of justice includes women's access to healthcare services in a timely, without prejudice, well-informed and high-quality manner, regardless of whether

they are seeking an abortion, family planning services, prenatal care, or counseling.

The **Women's Law Center of Maryland, Inc.** is a nonprofit, public interest, membership organization of attorneys and community members with a mission of improving and protecting the legal rights of women. Established in 1971, the Women's Law Center achieves its mission through direct legal representation, research, policy analysis, legislative initiatives, education and implementation of innovative legal-services programs to pave the way for systematic change. The Women's Law Center is participating as an amicus in *NIFLA v. Becerra* because in particular, the Women's Law Center seeks to ensure the physical safety, economic security, and autonomy of women.